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ABSTRACT

A systems perspective is offered of cooperation among various agencies providing educational and related services to severely emotionally disturbed children. The systems view is described in terms of interfaces of four subsystems which exist in each agency--structural, technological, human, and communication. The structural interface involves funding arrangements and written agreements. The specialized expertise of educational and mental health professionals are considered as the technology interface. The human interface includes exchanges between people in agencies; while the communication interface deals with the exchange of information between agencies. The Assessement Survey of Interagency Relations is offered to identify the factors which are seen as helping or hindering cooperation between the educational and mental agencies. (SW)

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INTERAGENCY RELATIONSHIPS:

A Systems View of Cooperation and Conflict in Providing Services for Severely Emotionally Disturbed Children

by

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ABSTRACT

Education and mental health agencies frequently need to work cooperatively in order to meet the needs of severely emotionally disturbed children and their families. Although cooperation between the agencies is sought, conflicts also arise. This article provides a systems view of interagency cooperation and conflict as occurring at the interface of four subsystems which exist in each agency: structure, technology (or expertise), interpersonal relations, and communication. Finally, an instrument for informal assessment of interagency cooperation and conflict according to the four subsystems is presented.

INTERAGENCY RELATIONSHIPS

A Systems View of Cooperation and Conflict in Providing Services for Severely Emotionally Disturbed Children

Caroline H. Swain, Ed.D.

Serving severely emotionally disturbed children requires an interagency effort, since their educational and mental health needs and their families' needs can not be met by a single agency alone. Two types of agencies with differing specialties are typically involved: a public education agency, and a public or private mental health service provider, such as a psychiatric hospital, residential treatment center, or outpatient therapist. In addition, a public agency, such as a State Department of Human Services concerned with protective services, dependency, and delinquency placements is also frequently involved in purchasing and monitoring mental health placements. Finally, in the private sector, insurance companies are part of the funding picture, with impact on the mental health agency's system for client records.

Legal and funding issues, as well as the needs of the children, generate the need for interagency cooperation and collaboration. By mandating the provision of "related services" and "free public education," Public Law 94-142 prompted efforts for sharing the cost of residential treatment. A variety of mechanisms, including contracting and networking, have been developed to formalize interagency cooperative efforts in the assessment, placement, and funding of the disturbed and disturbing children. The cooperation sought in mechanisms for interagency relationships has not always been easily achieved. In fact, interagency relationships may be "inherently conflict oriented"

(Martinson, 1982), as differing specialized services inevitably hold differing viewpoints.

The purpose of this discussion is to view interagency relationships from a systems perspective, so that some of the elements in cooperation and conflict can be understood separately and in interaction with each other. The following discussion explains a systems view of an individual organization, uses the systems view to describe sources of cooperation and conflict between agencies, and provides an instrument for informal assessment of interagency cooperation and conflict.

A Systems View of an Organization

In a systems view, an organization is comprised of interrelated subsystems focused on meeting organizational goals (Kast and Rosenzweig, 1974). Four subsystems can be described in educational and mental health organizations:

1. The structural subsystem involves funding, administrative procedures, and personnel roles and responsibilities.
2. The technological subsystem involves the knowledge or expertise of the organization for planning, implementing, and evaluating its services. Each agency has its own areas of specialized knowledge, such as social work, education, or psychiatry.
3. The human subsystem focuses on employees' personalities, values, and aspirations in relation to the organization. It involves leadership styles, interpersonal relationships, and relationships

of influence within the organization.

4. The communication subsystem includes the information which needs to be conveyed, the processes of transfer and retrieval of the information, and the timeliness and quality of communication.

The interrelated and interdependent nature of the subsystems can be adequately illustrated with a few examples. Interpersonal relationships and leadership styles affect the types and tone of communications; the agency's use of its expertise to provide services in the way it desires depends on sufficient funding; an agency's role expectations of employees may or may not agree with their own aspirations.

A system is also characterized by its need to receive input from outside of itself so it will not stagnate and "die." Interagency relationships are one source of such input. While receiving input through interagency relationships it is natural for an agency, as it is for any "system," to experience conflict when input is seen as a challenge to its existence or self-identity. Thus, the critical points for determining cooperation and conflict in interagency relationships are the connecting points, or "interfaces" where input occurs.

The Interface of Education and Mental Health Systems

The interfaces between agencies serving emotionally disturbed children can be described in terms of connections between their four subsystems described above.

The Structural Interface

Funding arrangements and written agreements for services are two primary sources of cooperation or conflict between the structural

subsystems of agencies. Clearly written agreements delineating each agency's responsibilities are an important step in cooperative arrangements between school systems, residential treatment centers, and state placement agencies. They provide a basis for the communication needed for interagency cooperation, but the process is "never easy nor a sure fix" (LaCour, 1982). Since written agreements address issues of assigned responsibilities for services, they potentially highlight issues of "turf." Agreements which are too broadly written or which change with the vagaries of funding levels or state regulations create confusion and uncertainty of direction.

Funding, especially a shortage of funds, can be a strong incentive for cooperation between mental health and education agencies, especially if both agencies perceive benefits for themselves from a cooperative effort. The most obvious benefit is that neither agency has to assume the total cost of school plus treatment. Issues of several types arise from funding arrangements -- the sufficiency of funding, the timeliness of dispersal or receipt of funds, and the regulations or "strings attached." Private insurance companies and public agencies, whether state human services departments or school boards, are required to meet standards of accountability which translate into regulations for funding recipients. These regulations, often differing and even contradictory, address such areas as facilities, fiscal practices, and client records. They are often seen by the receiving agency as compromising its program integrity, as well as its staff time. There are frequently no solutions to the issues of regulations or "strings attached" to funding; some flexibility in regulation can sometimes be achieved and some

contradictory regulations can sometimes be actively or passively ignored, but the ultimate solution of fiscal autonomy is often impossible and may not be desirable or justifiable.

The Technology Interface

The specialized expertise of educational and mental health agencies compels their cooperation, since neither alone can meet all the needs of the severely emotionally disturbed child. Sources of cooperation include the shared goal of helping children, but lack of agreement on identifying which children need "help" and what services they need can be a major source of conflict. For instance, an educational view that a severely emotionally disturbed child is one who shows disturbing behavior of a long-standing nature in the classroom may conflict with a mental health view that intensive treatment is indicated by symptoms exhibited in the family but not in school. Community committees composed of educators, mental health professionals, child advocates, and state placement agency personnel can attempt to move beyond such a view of "pieces" of a child.

However, even the desire to use different professional perspectives in order to consider the needs of the "total" child leaves roadblocks to be overcome in achieving professional consensus. Professionals in different fields do, by the definition of their own professions, maintain characteristic orientations and languages used in their practice. Educators and psychiatrists have a different knowledge base and use different "jargon" which may camouflage their similar thinking about a child. The specialization of professions and their preservation of in-group identities through the use of professional jargon prevents

interdisciplinary understanding and blocks interagency communication.

The Human Interface

Although specialization of professions may hinder cooperative endeavors, a hallmark of professionalism is the adherence to values of cooperation and respect for colleagues. These values, if held firmly, militate in favor of interfaces on interpersonal and interdisciplinary levels, and professional organizations often assume constructive roles in fostering such contacts. However, these professional values may also become "pie in the sky" ideals when pressed by issues of agency survival or program integrity. As the saying goes, "Where you stand depends on where you sit."

Because interagency relationships are conducted by humans, they are sometimes marred by people becoming defensive in the face of perceived criticism or threat to their status. When agencies are in conflict, it is may become difficult to distinguish between agency issues and interpersonal ones.

The human interface includes exchanges between people in agencies which have different leadership styles, ranging from authoritarian to laissez-faire. Understanding how decisions are made in other organizations is helpful in determining the most appropriate people to involve in the interface and at what organizational level different types of communication can be conducted most effectively.

Communication

Effective communication draws agencies together and helps them resolve problems in their collaborative efforts, or the lack of communication can be the "primary barrier" in the efforts (Johnson,

McLaughlin, & Christiansen, 1982). The clarity of information provided, the effective dispersal of information, and the uses and misuses of information all influence the working relationships between educators and mental health providers.

Differing professional orientations and languages are the basis for unclear or awkward communication. Psychologists and teachers or psychiatrists and administrators can spend hours talking past or at, not with, each other. In addition to the problems of specialized jargon, lack of clarity occurs in such instances as when implementation objectives for an IEP are written very broadly or very specifically, when a psychological or psychiatric evaluation is worded cautiously in order to avoid problems from mis-diagnosis or confidentiality, or when standard and accepted phrases such as "severely emotionally disturbed" or "learning disabled" are used without sufficient elaboration.

Problems in inter-agency communication also occur when there are uncertainties as to what information the other agency needs, when, in what form, and for what purposes. Conflict may occur when requests for information appear to the information source to exceed the requesting agency's need, when the information is requested in a form that will require a revamping of an agency's internal information-processing systems, or when the information request seems intrusive because of its specificity. It is, of course, helpful in interagency relations when requested information is provided promptly and in the requested manner; it is also helpful when each agency understands the internal information system of the other, including the staff roles and decision-making style which influence the speed and manner of communication.

Whether communication is written or verbal is also a matter of consideration between agencies. Written communication has the advantage or disadvantage of maintaining documentation of the communication, is relatively slow and costly in staff time, may leave fewer loopholes for miscommunication of information, and is less personal than verbal communication. Verbal communication draws more on interpersonal relationships, conveys nuances, and leaves documentation open to different interpretations. Mutual selection of the most appropriate devices enhances interagency communication and relationships.

Although there may be some suspicion that providing information is a waste of time because it is filed but not used, the "over-utilization" of information through the breach of confidentiality is a more significant issue. Assurance that shared information will be held in confidence is more than an issue of interpersonal trust. Legally, parents and courts have access to files and, in actuality, many staff members do too. Different agencies may have different views of what confidentiality means in practice -- different views of who should have access to what information. Mental health professionals concerned about who will read their reports may word them cautiously, a practice which may not increase interagency understanding but which is essential if written communication is to be occur.

Assembling the Parts in Interagency Relationships

Although four interfaces -- structure, technology, human, and communication -- have been discussed separately in order to analyze interagency relationships, the four elements are interrelated. When

agencies relate to each other, humans communicate about their areas of expertise, and this communication is centered on each agency's purpose.

Interagency relationships may be more or less complex depending on the primary interface involved. For instance, if the only interface is conveying referral information, the interface is relatively simple. Joint provision of services with staff from one agency working in the program location of the other agency (such as public school teachers in a hospital setting or the counselors or therapists in a school setting) involves more complex relationships, especially if there is any across-agency supervision of staff. Funding liaisons also occur with varying levels of complexity, including agreements for services with no money changing hands, sending a monthly check, and joint planning on priorities for expenditures. More complex interfaces generally take longer to develop, and may be most successful when earlier interfaces of a less complex nature have been used successfully.

Interagency relationships in the interests of severely emotionally disturbed children must occur, and their development is inevitable. The Assessment of Interagency Relationships is an informal device to review the quality of existing relationships or to emphasize areas for attention when interagency relationships are being developed. Agencies aware of sources of cooperation and conflict in their endeavors increase their ability to develop effective relationships which will benefit their agencies and their clients.

ASSESSMENT SURVEY OF INTERAGENCY RELATIONS

Caroline H. Swain, Ed.D.

This Assessment Survey asks you to consider your perceptions of relationships between your agency and one other agency in providing educational and mental health services to severely emotionally disturbed children. The purpose of the survey is to identify the factors which are seen as helping or hindering interagency cooperation.

Part I. Identification of Agencies

Please identify the nature of your agency:

_____ 1. Education -- Exceptional student education administrative office in public school district.

_____ 2. Education -- Public school program for emotionally disturbed children.

_____ 3. Education -- Private school, emotionally disturbed children.

_____ 4. Mental health -- Public hospital or residential treatment.

_____ 5. Mental health -- Private hospital or residential treatment.

_____ 6. Mental health -- Outpatient counseling or therapy service.

_____ 7. State Department of Health and Services Department involved in placements of severely emotionally disturbed children.

Please identify the nature of one other agency your agency relates to:

_____ 1. Education -- Exceptional student education administrative office in public school district.

_____ 2. Education -- Public school program for emotionally disturbed children.

_____ 3. Education -- Private school, emotionally disturbed children.

_____ 4. Mental health -- Public hospital or residential treatment.

_____ 5. Mental health -- Private hospital or residential treatment.

_____ 6. Mental health -- Outpatient counseling or therapy service.

_____ 7. State Department of Health and Services Department involved in placements of severely emotionally disturbed children.

Part II. Identification of Interagency Relationships

Please place an X to indicate whether you provide to and/or receive from the other agency each item listed below.

	Provide to the other agency	Receive from the other agency
1. Client referrals	_____	_____
2. Information regarding clients	_____	_____
3. Funding	_____	_____
4. Staff to work at the site	_____	_____
5. Regulation of procedures in service delivery or program management	_____	_____
6. Evaluation of program	_____	_____

Does your agency make collaborative decisions with the other agency regarding client placements?

Yes _____ No _____

Part III. Opinion Survey

Please respond to the following statements by circling a number according to the following scale:

0 = Not Applicable
1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

1. Both agencies have a sense of responsibility for meeting needs of the same clients.	0	1	2	3	4
2. We are certain that the other agency will maintain information we provide in confidence and use it in the client's best interest.	0	1	2	3	4
3. We receive client information from the other agency promptly enough to meet our needs.	0	1	2	3	4
4. Client information we provide is interpreted as we intend it by professionals in the other agency.	0	1	2	3	4
5. We have the staff time to provide the information requested by the other agency in a timely manner.	0	1	2	3	4
6. Mechanisms and requirements for client-related communication are clear and workable.	0	1	2	3	4
7. Information we receive from the other agency is complete and sufficient to meet our needs.	0	1	2	3	4
8. We feel the other agency appreciates our efforts to communicate regarding referrals and clients.	0	1	2	3	4
9. Relationships between the agencies are not hindered by interpersonal differences or personality clashes.	0	1	2	3	4
10. It is clear which staff members in each agency are responsible for maintaining liaison roles.	0	1	2	3	4
11. Friendship, social, or professional associations are used to advantage in the interagency relationships.	0	1	2	3	4
12. We are able to determine when differences between staff members in the two agencies are professional or personal ones.	0	1	2	3	4

13. Discussing issues with personnel in the other agency can be accomplished openly, without anyone taking a defensive stand. 0 1 2 3 4

14. Our agency and the other agency do not compete for funding from the same source. 0 1 2 3 4

15. The agencies agree that funds provided are being used to the best advantage of clients. 0 1 2 3 4

16. Dispersal of funds for client services is prompt. 0 1 2 3 4

17. Both agencies, whether provider or receiver, perceive benefits for themselves from the funding arrangements. 0 1 2 3 4

18. The two agencies are able to establish mutual priorities for the use of funds. 0 1 2 3 4

19. Written interagency agreements are sufficiently clear and are upheld by both agencies. 0 1 2 3 4

20. The two agencies agree on which children should receive services. 0 1 2 3 4

21. The two agencies sufficiently recognize each other's areas of autonomy in program implementation. 0 1 2 3 4

22. Differing regulations and procedures in the agencies do not hinder their ability to work together. 0 1 2 3 4

23. The two agencies maintain a spirit of cooperation even when they disagree on issues related to client services. 0 1 2 3 4

24. Staff in both agencies have a basic understanding of how the other agency reaches the decisions it does regarding client services. 0 1 2 3 4

25. Staff in both agencies seek ways to manipulate procedures and regulations when necessary to meet client needs. 0 1 2 3 4

OPINION SURVEY -- INTERPRETATION

COMMUNICATION -- Total Score of Questions 1 - 8.

0	16	32
CONFLICT		COOPERATION

HUMAN INTERFACE -- Total Score of Questions 9 - 13.

0	16	32
CONFLICT		COOPERATION

STRUCTURE INTERFACE -- Total Score of Questions 14 - 19.

0	10	20
CONFLICT		COOPERATION

TECHNOLOGY INTERFACE -- Total Score of Questions 19 - 24.

0	12	24
CONFLICT		COOPERATION

COMPOSITE SCORE -- TOTAL Score of Questions 1 - 25.

0	50	100
CONFLICT		COOPERATION

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